



**Controlled Substances Advisory Committee
INSPECT Program
Mass Data Submission Application**

Company Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax:** _____

Email: _____

Alternate Contact Person: _____

Phone Number: _____ **Fax:** _____

Email: _____

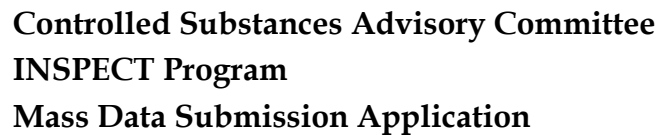
Submission Method: (check one box)

☐ Pharmacy Upload ☐ CDR/CDRW ☐ Magnetic Tape ☐ 3.5" Diskette

Pharmacies included in each submission: (ATTACH ADDITIONAL SHEET IF NEEDED)

Name of Pharmacy:	NABP Number:	Pharmacy Permit Number:	City
EX: John's Pharmacy #10	0000000000	60000000A	Indianapolis

Submit Completed Form To:
Controlled Substances Advisory Committee
ATTN: INSPECT Program
402 West Washington Street, Room W066
Indianapolis, Indiana 46204



Submit Completed Form To:
Controlled Substances Advisory Committee
ATTN: INSPECT Program
402 West Washington Street, Room W066
Indianapolis, Indiana 46204